BSES HSA
EVENT EVALUATION & PLANNING FORM

Note to Committee Leads: In an effort to avoid re-inventing the wheel each year, we'd like to keep good records on what worked (and what didn't) from all of our events. Please complete an evaluation form after the completion of the event. Thank you!

1. Event Basics

Name of Event:_____

Date:	Day of Week:	Time:

Lead(s):

_____

2. Communications

What tactics (flyers, e-alerts, posters, etc.) did you use to promote this event? And what did and did not work well? _____

What was your timing on communications? Too early? Too late? Any learning for next year?

_____

3. Event Execution

How was participation/attendance? (specifics, if possible): _____

Was there a cost to attend or participate? _____

Key Steps Before Event: _____

Key Steps During Event :_____

How Many Volunteers….

Did you have? _____ Would you need next time? _____

4. Overall Feedback

Anything you'd do differently? Anything that worked particularly well? Did you have enough help? Too much?

_____

Any key feedback from Staff, Office or Families?

Should HSA run this event again next year (circle one)? YES NO

Please scan and email this form to president@bseshsa.org
Thank you!